



FLEXCOMP PLAN LETTER OF MEDICAL NECESSITY

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58432 (09-2008)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657

(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

[Read Instructions before completing this form](#)

SECTION A PARTICIPANT INFORMATION

Plan Participant's Name (Last, First, Mi)			Employee ID Number (Required)
Department Name	Department Number	Work Phone Number	Social Security Number (Optional)

The Internal Revenue Service (IRS) regulations specify that in order to reimburse products and/or services that may have both a medical purpose and a personal or general health purpose we must require a medical practitioner's note stating the medical diagnosis, the specific treatment needed, and how the treatment will alleviate your medical condition.

NDPERS has developed this form to assist you and your medical practitioner in providing the information we need in order to process your claim. Your medical practitioner can also submit a statement on his or her own letterhead, as long as the letter includes patient name, diagnosis and recommended treatment, how treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.

SECTION B STATEMENT OF MEDICAL NECESSITY

Patient Name	Patient's Diagnosis
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Dear NDPERS,

Please describe what the recommended treatment is, how treatment will alleviate the diagnosis or symptoms, and the frequency/duration of treatment.

Sincerely,

_____	_____
Medical Practitioner's Signature	Date

Medical Practitioner's Name (print)	Degree
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Mailing Address (print)	City (print)	State	Zip Code + 4
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ORIGINAL TO NDPERS – RETAIN A COPY FOR YOUR RECORDS

Dual Purpose Over-the-Counter products and services that may have both a medical or general health purpose require a letter of medical necessity from your medical practitioner in order to be considered eligible. The letter must include the diagnosis or symptoms for which you, your spouse or dependent are being treated, along with specific information on how the product or service is intended to alleviate symptoms or improve function. The letter must be submitted with every claim or you must include a notation on the claim form that there is a letter on file. A letter from your medical practitioner is required each plan year.

The following is a partial list of products and or services and should be used as a guide. Please contact the NDPERS FlexComp Coordinator for information and assistance on any items not clearly identified.

Adaptive Equipment to assist you with activities of daily living for persons with a specific illness, injury, trauma, or condition.

Dietary, nutritional and herbal supplements, vitamins and natural/homeopathic medicines are not eligible if they are merely beneficial for general health. However, they may be eligible if recommended by a physician to treat a specific condition.

Exercise Equipment, Fitness, Weight Loss Programs if recommended by a medical practitioner to treat a specific condition. Payments to attend meetings or participate in weight loss or exercise programs can be reimbursed on a per-treatment basis by submitting an itemized receipt. Payment receipts are not sufficient. The cost of special food purchased as part of a weight loss program is not eligible.

Hydrotherapy/Massage Therapy if prescribed by your medical practitioner for a specific illness, injury, trauma, or condition.

Section A Participant Information- Your Social Security Number is optional on this form. You must include your seven digit employee identification number

Section B Statement of Medical Necessity- Your medical practitioner must complete and sign this section

Return original to NDPERS. Retain a copy for your records.